

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531908**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3		2				
4		2				
5	/					
6	/					
7		0				
8		0				
9		0				
10		0				
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26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0	1			
35			1			
36				/		
37				/		
38				/		
39				/		
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42				/		
43				/		
44				/		
45				/		
46				/		
47				/		
48				/		
49				/		
50				/		
TOTAL IND.	4		2			
TOTAL DEP.	31		39			
TOTAL CLAIMS	35		41			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		
52				/		
53				/		
54				/		
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						